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CONFIRMATION NO. 8709

SERIAL NUMBER 09/777,732	FILING DATE 02/06/2001 RULE	CLASS 435	GROUP ART UNIT 1637	ATTORNEY DOCKET NO. 01948-059001
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** CONTINUING DATA *****

This appln claims benefit of 60/199,327 04/24/2000

and claims benefit of 60/238,718 10/06/2000

and claims benefit of 60/239,635 10/12/2000

and claims benefit of 60/240,735 10/16/2000

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 03/29/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 19	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 12
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

26161
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TITLE

Measurement of protective genes in allograft rejection

All Fees

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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